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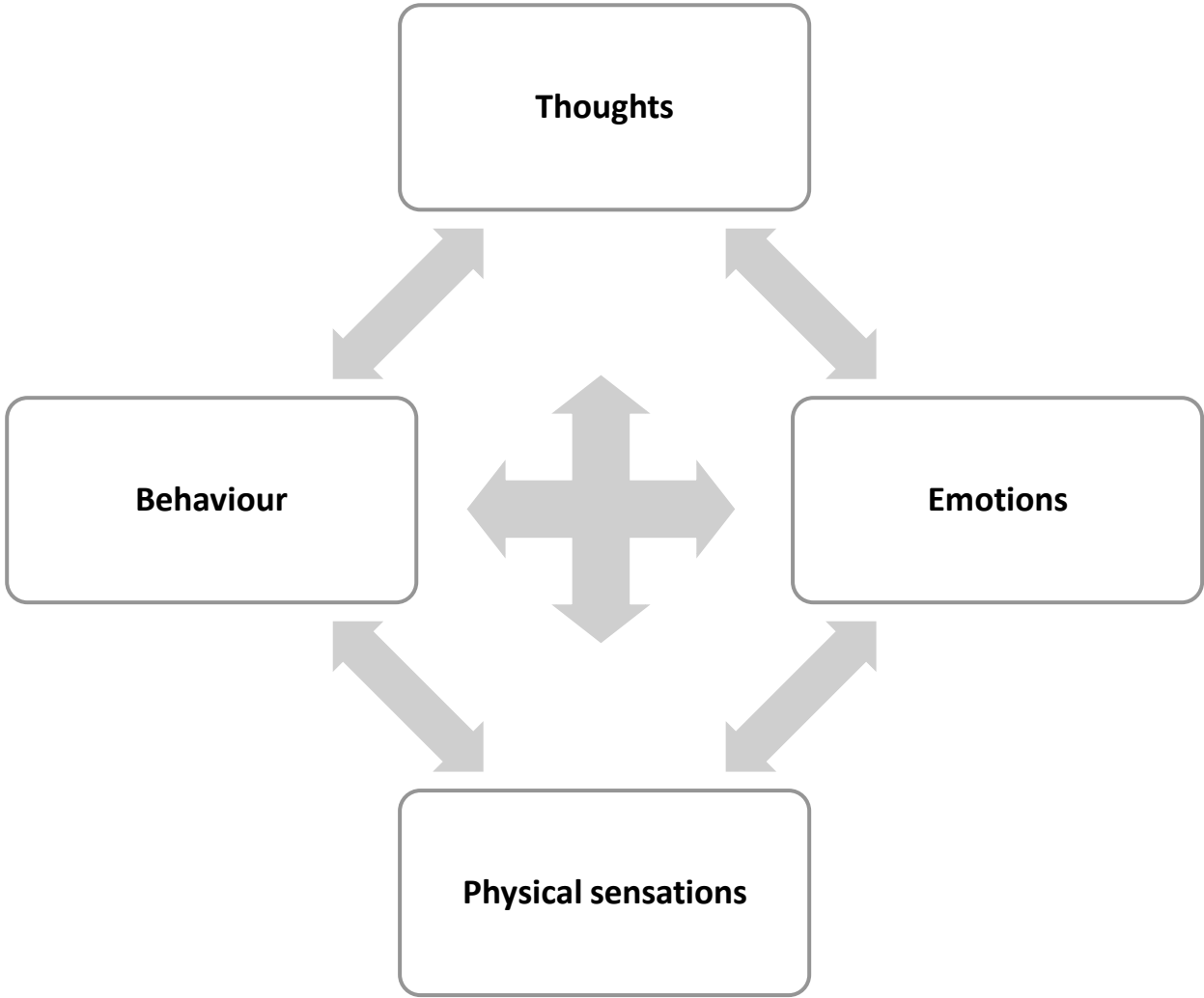
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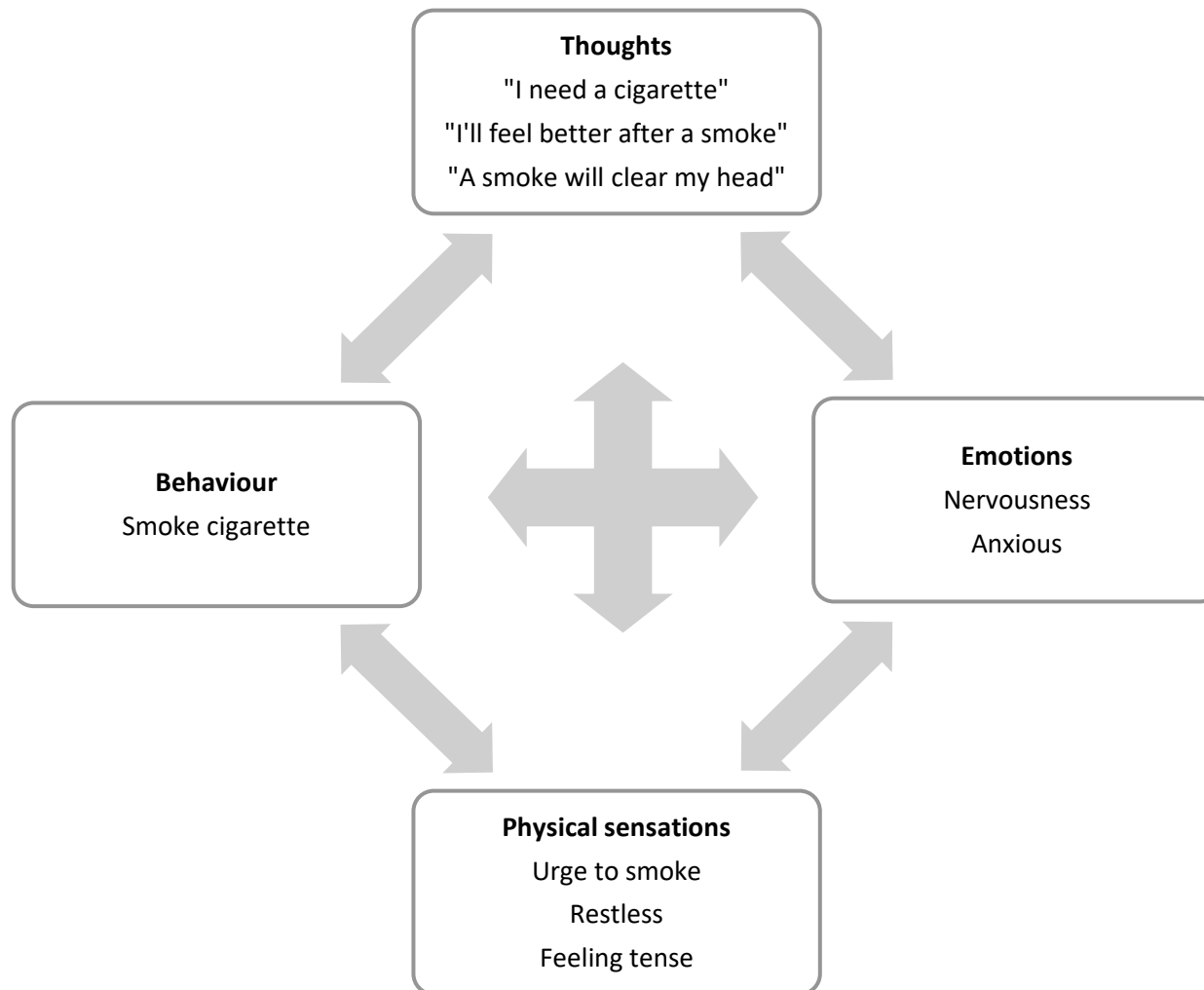
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Figure 1 Cognitive behavioural model

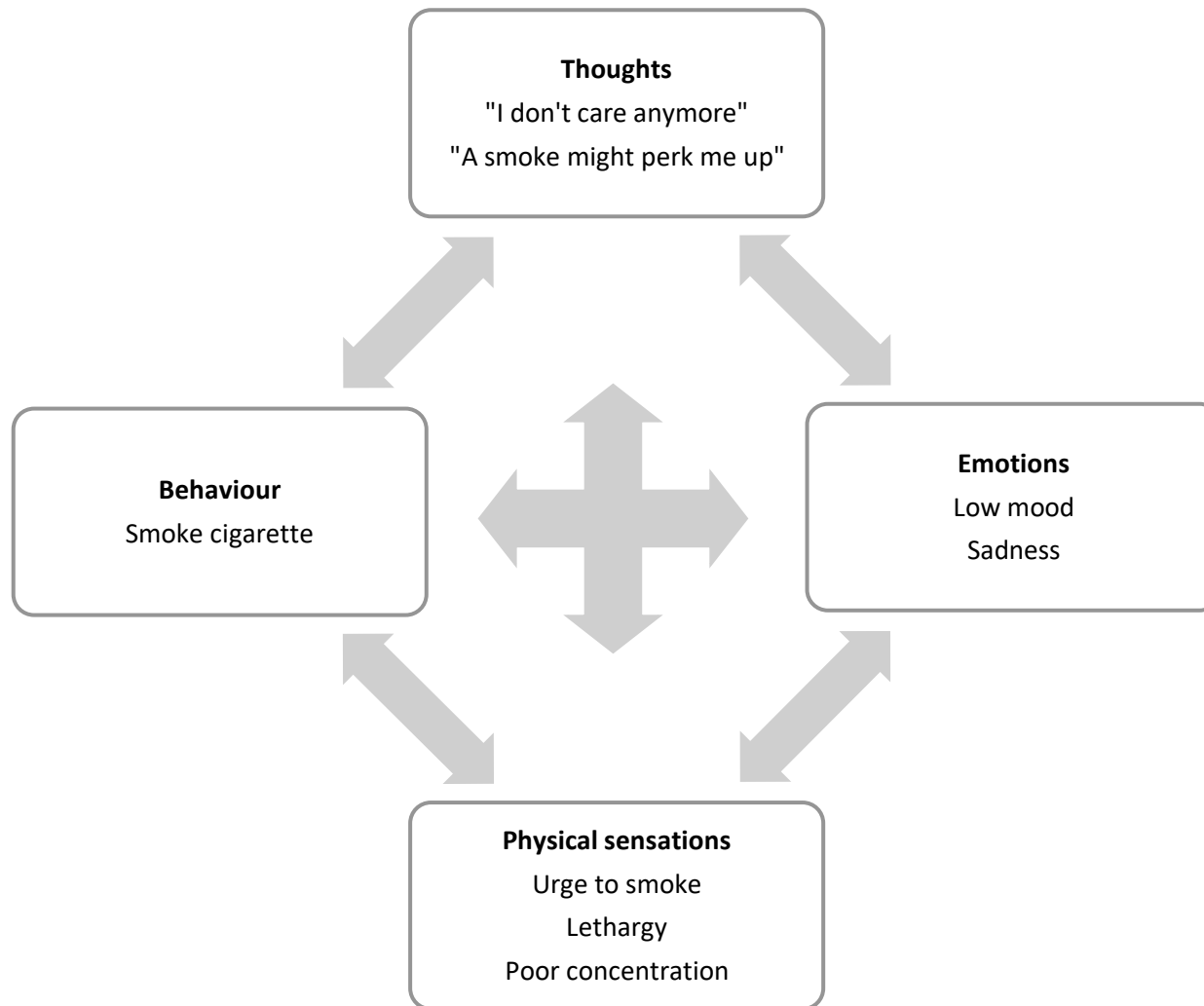


**Figure 1 Anxiety cycle: Trigger - anxiety provoking event**

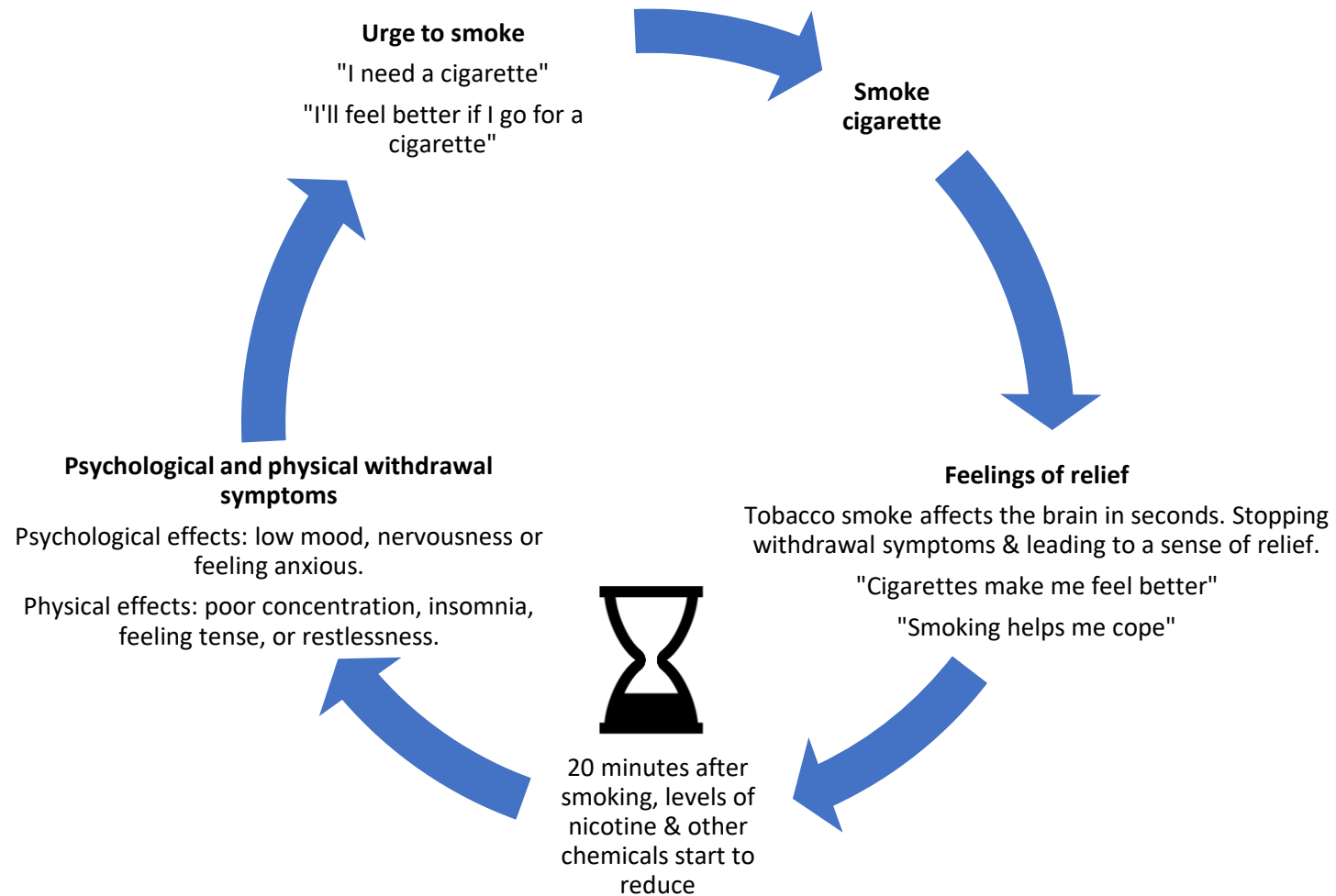


In this model you can see how thoughts, emotions, physical sensations, and behaviour are all interlinked.

Figure 1 Depression cycle: Trigger - feeling depressed at home in the evening



**Figure 1 Tobacco addiction maintenance cycle**



**Table 1 NCSCT standard treatment programme with additional mental health support for smoking cessation (McEwen, 2014; Taylor, Aveyard, et al., 2019)**

Session	1	2	3–5	6
Smoking cessation treatment session	Pre-quit	Quit day	Follow-up	Final
<b>Task</b>				
Address client beliefs about smoking and mental health	✓	✓	✓	✓
Inform client about the treatment programme	✓			
Assess current smoking	✓			
Assess past quit attempts	✓			
Explain how smoking dependence develops and assess nicotine dependence	✓			
Explain the importance of abrupt cessation and the 'not a puff' rule	✓	✓	✓	✓
Inform the client about withdrawal symptoms	✓			
Discuss stop smoking medications/products	✓			
Set the quit date	✓			
Prompt a commitment from the client	✓	✓		
Check on client progress			✓	✓
Confirm client readiness and ability to quit		✓		
Confirm that the client has a sufficient supply of stop smoking medication/products		✓	✓	✓
Give client NRT vouchers or refer to pharmacy/GP for varenicline	✓	✓	✓	✓
Enquire about medication use			✓	✓
Discuss withdrawal symptoms and cravings, and how to cope		✓	✓	
Advise on changing routine		✓		
Carbon monoxide (CO)-monitoring	✓	✓	✓	✓
Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt		✓		
Discuss any difficult situations experienced and methods of coping			✓	✓
Address any potential high-risk situations in the coming week		✓	✓	
Discuss plans and provide a summary	✓	✓	✓	✓